

## New Hampshire Racing & Charitable Gaming Commission 21 S. Fruit St. – Suite 16 Concord NH 03301-2428

Telephone (603)271-2158 Fax (603) 271-3381

http://www.racing.nh.gov

OFFICIAL USE ONLY
☐New ☐Renewal ☐Checked
Date / / License#
Total Fees \$ K#
☐Cash ☐Check ☐M.O.#
Clerk
Track

## **Occupational License Application**

	nd Regulations for racing					
Greyhound	Standardbred	Thoroughbred	Other			
1. Applicant Full Na	me (print)		FIRST	MIDDLE	MAIDEN	
	Address					
CITY		STATE	ZIP		TELEPHONE #	
	g Address if different from					
CITY		STATE	ZIP		TELEPHONE#	
4. E-mail address						
5 Department						0: 1
5. Description:	AGE GENDER	HEIGHT	WEIGHT HAI	R EYES	Married	Single
6. Date and Place of	Rirth					
o. Date and I lace of	MM/DD/YYYY	CITY			STATE	
	mm/dd/yyyy zen? Yes No If		u a citizen of?			
7. Are you a US Citiz	zen? Yes No If					
7. Are you a US Citiz 8. Nearest Living Rel	zen? Yes No If	no, what country are you			RELATIONSHIP	
7. Are you a US Citi: 8. Nearest Living Rel  ADDRESS	zen? Yes No If ative	no, what country are you			RELATIONSHIP TELEPHONE	
7. Are you a US Citiz 8. Nearest Living Rel  ADDRESS 9. Immigration I.D.:	zen? Yes No If ative  NAME  # (if applicable) A	no, what country are you	Other		RELATIONSHIP TELEPHONE	
7. Are you a US Citiz 8. Nearest Living Rel  ADDRESS 9. Immigration I.D.: 0. Trade Name, if an	zen? Yes No If ative  NAME  # (if applicable) A  y, under which you propo	no, what country are you	Other		RELATIONSHIP TELEPHONE	
7. Are you a US Citiz 8. Nearest Living Rel  ADDRESS 9. Immigration I.D.: 0. Trade Name, if an	zen? Yes No If ative  NAME  # (if applicable) A  y, under which you propo	no, what country are you	Other		RELATIONSHIP TELEPHONE	
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7. Are you a US Citiz 8. Nearest Living Rel  ADDRESS  9. Immigration I.D.: 0. Trade Name, if an 1. Current Employer  ADDRESS	mm/dd/yyyy zen?	no, what country are you	Other		RELATIONSHIP TELEPHONE	
7. Are you a US Citiz 8. Nearest Living Rel  ADDRESS  9. Immigration I.D.: 0. Trade Name, if an 1. Current Employer  ADDRESS  2. Title of your curre 3. If the applicant is	mm/dd/yyyy zen?	no, what country are you	Other		RELATIONSHIP  TELEPHONE  TELEPHONE	
7. Are you a US Citiz 8. Nearest Living Rel  ADDRESS  9. Immigration I.D.: 0. Trade Name, if an 1. Current Employer  ADDRESS  2. Title of your curre 3. If the applicant is	MM/DD/YYYY  zen? Yes No If  ative  NAME  # (if applicable) A  y, under which you propo	no, what country are you	Other		RELATIONSHIP  TELEPHONE  TELEPHONE	
7. Are you a US Citiz 8. Nearest Living Rel  ADDRESS  9. Immigration I.D.: 0. Trade Name, if an 1. Current Employer  ADDRESS  12. Title of your curre 3. If the applicant is number of each of the	MM/DD/YYYY  zen? Yes No If  ative  NAME  # (if applicable) A  y, under which you propo	no, what country are you	ns, the name, title ve space)	within the associa	TELEPHONE  TELEPHONE  ation, address and te	

	re you able to perform the duties of the position of the occupational license being applied for, as set forth in the rules and ations of the Commission? Yes No
	fithin the last ten years, have you, or any of your officers, directors, owners or trustees, if any, been convicted of or plead guilty to elony as an adult, in any jurisdiction, that has not been annulled?
a)	Yes No If Yes: The name of each person or association convicted or which plead guilty
b)	A description of each felony
c)	The date of each conviction or guilty plea
d)	The name and location of the court where the applicant, officer, director, owner or trustee was convicted or plead guilty; and
e)	A description of each sentence imposed
	ithin the last ten years, have you, or any of your officers, directors, owners or trustees, if any, been convicted of or plead guilty ation of any law relative to gaming or gambling or law relating to cruelty to animals, which has not been annulled?
a)	Yes No If Yes: The name of each person or association convicted or which plead guilty
b)	A description of each offense
c)	The date of each conviction or guilty plea
d)	The name and location of the court where the applicant, officer, director, owner or trustee was convicted or plead guilty; and
e)	A description of each sentence imposed
	/ithin the last two years, have you, or any of your officers, directors, owners or trustees, if any, been convicted of or plead guilty y misdemeanor as an adult, in any jurisdiction, which has not been annulled, which involves a controlled substance?  Yes No If Yes:
a)	The name of each person or association convicted or which plead guilty
b)	A description of each misdemeanor
c)	The date of each conviction or guilty plea
d) 	The name and location of the court where the applicant, officer, director, owner or trustee was convicted or plead guilty
e)	A description of each sentence imposed
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	nse or occupational license relating to pari-mutuel wagering, dog racing or horse racing in this or any other jurisdiction?  Yes No If Yes:
a)	The name of each person or association so subject
b)	The jurisdiction in which each suspension or revocation occurred
c)	The date of each revocation or suspension
d)	A description of the terms of each revocation or suspension
I I	Are you, or any of your officers, directors, owners or trustees, if any, currently not the holder of a license or occupational icense relating to pari-mutuel wagering, dog racing or horse racing license issued in this or any other jurisdiction because such a icense or occupational license was voluntarily surrendered while a proceeding was pending against the applicant for alleged misconduct?
a)	Yes No If Yes: The name of each person or association making such a surrender
b)	The jurisdiction in which the surrender was made
c)	The date of the surrender
d)	A description of the alleged misconduct;
a)	Are you, or any of your officers, directors, owners or trustees, if any, currently subject to exclusion from any premises at which the racing of horses or dogs or pari-mutuel wagering is held?  Yes No If Yes:  The name of the person or association so subject
b)	The jurisdiction imposing the exclusion
c)	The date and terms of the exclusion
d)	The reason for such exclusion
24.	Are you or any of your officers, directors, owners or trustees, if any, currently subject to a determination that he or she is ineligible to engage in the racing or training of any horse or dog, or to engage in pari-mutuel wagering, as the result of misconduct in this or any other jurisdiction?
a)	Yes No If Yes: The name of the person or association so subject to the determination
b)	The jurisdiction making the determination
c)	The date of the determination
d)	The reason for the determination
25.	Have you, or any of your officers, directors, owners or trustees, if any, ever owned, operated or been associated in any way with any illegal gambling enterprise?

21. Are you, or any of your officers, directors, owners or trustees, if any, currently subject to the revocation or suspension of a

26.		ve you, or any of your officers, directors, owners or trustees, if any, previously been licensed by this commission?  Yes No If Yes:
	a)	The name of each person or association holding a license
	b)	The type of license held
	c)	The year or years of such licensure
27.	aut hor	ve you, or any of your officers, directors, owners or trustees, if any, previously been licensed by an agency, commission or other hority in another state or nation that is responsible for issuing licenses relative to pari-mutuel wagering, greyhound racing or se racing?
	,	Yes No If Yes:
	a)	The name of each person or association so licensed
	b)	The name of each jurisdiction in which a license was held
	c)	Each type of license held
	d)	The year or years of such license or licenses
		agree to abide by the rules and regulations of the New Hampshire Racing and Charitable Gaming Commission and the laws of th New Hampshire relative to dog racing, horse racing and pari-mutuel wagering.
		certify that the information provided on this application form is true, accurate and complete; and I acknowledge that, pursuant to RS naking a false statement on this application form is punishable as a crime.
Boa	ırd o	f Judges
		APPLICANT'S SIGNATURE OR DULY AUTHORIZED AGENT
		DATE OF SIGNATURE
		DATE

## **NEW HAMPSHIRE RACE TRACKS**

Rockingham Park PO Box 47 Salem, NH 03079 (603) 898-2311 Seabrook Greyhound Park PO Box 219 Seabrook, NH 03874-0219 (603) 474-3065